TRICARE Pacific

PACIFIC MESSENGER

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WIC is Coming to Overseas Locations

CDR John Olsen, Medical Director
TRICARE Pacific Lead Agency

WIC, the Women, Infants and Children Program, is expanding to include overseas areas where active duty personnel and their families are stationed. WIC got its start as a supplemental food program authorized by the Child Nutrition Act of 1966. In the United States, it is often a joint program run by the US Department of Agriculture and state health departments. While this is a successful model stateside, the geographic isolation and environmental circumstances of overseas duty stations require "WIC Overseas" to make some unique adjustments.

WIC Overseas will be set up, overseen and sustained by the Military Health System, not family or social services. It is important to note that WIC Overseas is not a TRICARE benefit, but rather a program that was thought to logically fit under military medicine. WIC Overseas is not funded by US Department of Agriculture; it will receive DOD funds authorized by the 1998 Defense Authorization Act.

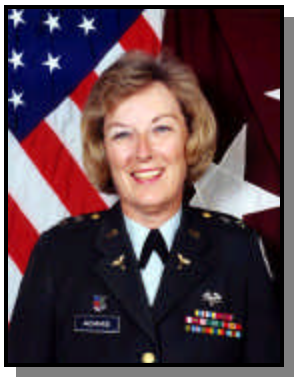
WIC Overseas will be implemented in phases. Phase 1, which includes 5 pilot sites throughout Europe, Latin America and the Pacific, is slated to start by 31 January 2001. In the Pacific, WIC's initial sites will be the island of Okinawa, and Yokosuka, Japan. To meet the start date, three large pieces of the WIC Overseas program are being developed simultaneously: food delivery and payment method, software and financial systems, and the hiring of personnel for nutritional assessment, education and training. WIC Overseas hopes to provide a program similar to the one on the mainland, which includes supplemental food, nutrition counseling, nutrition screening and referrals to other social services as needed. Materials that discuss the program specifics, such as eligibility criteria, financial qualification, and location of WIC offices will be forthcoming. Currently, the Okinawa and Yokosuka Naval Hospitals are actively taking names of job applicants for administrative assistants and dietician/nutritional counseling positions to start in January 2001. For further general information on stateside WIC please visit:

" WIC Overseas is not a TRICARE benefit, but rather a program that was thought to logically fit under military medicine. "

http://www.fns.usda.gov/wic/CONTENT/howwichelps.htm

or review recent WIC studies at:

http://www.fns.usda.gov/oane/MENU/Published/WIC/WIC.HTM.



FROM THE LEAD AGENT

MG Nancy R. Adams, GO, USA

TRICARE! This single word produces a myriad of responses among military healthcare workers. Even though we are integrally involved with the TRICARE program on a daily basis, how many can explain the basic program information to a beneficiary, who might approach us in the nearby shopping mall or in the hospital corridor? Please take a moment to read the following questions and ask yourself whether or not you can explain your answers to someone who is not as familiar with the military health system as you.

Which of the following are true statements?

- TRICARE is the DoD healthcare program that utilizes both military medical treatment facilities and civilian healthcare providers and facilities to care for DoD beneficiaries.
- In terms of cost and the scope of services provided, TRICARE ranks among the best healthcare plans in the United States.
- All active duty personnel are considered TRICARE Prime.
- Family members have to decide to enroll in TRICARE Prime, and based on the military treatment facility capacity, may choose to receive primary care either from a military provider or from the civilian network.

All the above are true statements regarding TRICARE. If you did not get them all correct, that is not surprising because TRICARE has brought about significant changes in how we deliver healthcare to our beneficiaries. Throughout these changes, we continue to offer world class care to our patients, whether through TRICARE Prime, the highest value option, TRICARE Extra or TRICARE Standard. With TRICARE Prime there is no charge for outpatient care at a MTF and only $11.45 per day for inpatient care at a MTF. More importantly, the quality of the care you provide still ranks among the best in the nation and we have made great strides towards improving access to care. Long waits in the waiting rooms are a thing of the past. Unless there is an emergency, providers see their patients within 30 minutes of their appointed time. That is the TRICARE standard and we are obligated to meet that standard. When a beneficiary requests an appointment, he or she normally will be scheduled the same day for an urgent problem, within 7 days for a routine problem and within 4 weeks for specialty referral or health maintenance exams. This is the TRICARE promise. TRICARE is a great healthcare program that is getting better. Changes to TRICARE do cause some confusion, but the new way of doing business benefits the patient. Some of these recent changes for the better include: continuous enrollment for TRICARE Prime members, establishment of the Beneficiary Counseling and Assistance Coordinator (BCAC) and identifying a Primary Care Manager-By Name (PCMBN) for each beneficiary.

Continuous enrollment for TRICARE Prime members was developed as a measure to ensure continuity in Prime coverage and to remove the annual re-enrollment paperwork our beneficiaries were expected to submit. Another customer service measure, the BCAC role, was established at each MTF and at the Lead Agency, to assist with any questions or concerns beneficiaries might have involving their healthcare or with the TRICARE program. A major change to TRICARE is the assignment of a primary care manager by name for every TRICARE Prime beneficiary. Under this concept, every beneficiary should know the name of their Primary Care Manager (PCM) and the PCM should know who their patients are. A good relationship between our patients and their PCM is essential to providing the best healthcare possible.

These changes reflect the continuous efforts, by TRICARE, to address all concerns involving personal and family member healthcare needs. As regional MTF staff members, through taking ownership of our TRICARE program we can demonstrate how much we value our beneficiaries and recognize the importance of surpassing their healthcare expectations. Each staff member is a representative of TRICARE. We represent TRICARE in our everyday interactions with our patients. I challenge every staff member to become a TRICARE "ambassador" and support our efforts to establish TRICARE as the premier healthcare program in the Pacific region.

"TRICARE is a great healthcare program that is getting better."

CLINICAL OPERATIONS

Appointment Standardization (APS) Integrated Process Team (IPT)

TSGT Louise Ratleff

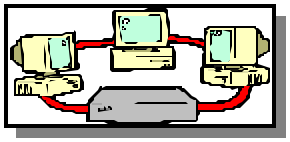
APS Phase I Alpha Test was successful
The APS Phase I functional changes are available for site download. All sites must have loaded this change package (#92) by the end of November. This change package includes the nine new standard appointment types.

APS Business Rules Training
LTC Corey and the APS Team will be conducting APS Business Rules Training on a regional basis to provide APS implementation guidance targeted at MTF Commanders, providers, appointment system supervisors and information management personnel. LTC Corey will be presenting APS during several 2001 TRICARE Conference Breakout Sessions and APS Regional representatives are coordinating with TMA to determine the best time/location for their regional training.

Commander's Guide to Access Success
An APS Commander's Guide to Access Success is being developed to assist sites with the APS implementation. This guide will serve as a ready reference, step-by-step guide to achieve Access Improvement. This guide will become available in early December 2000.

Appointment Standardization CPET Release II (APS Phase II)
The mission of the APS II CPET release is the implementation of the core Appointment Standardization features and permanent removal of the PAS BOK option. APS II will complete the move to the use of the Managed Care Module (MCP) using a model that supports access to care improvements when booking appointments. Enhancements provide more flexible schedule build functions, a greatly reduced set of appointment types, and standardized coding of appointing conditions and restrictions for a slot, e.g. detail codes to identify clinical resources required, types of patients allowed, and age restrictions.

The changes included in APS II affect the Template Build and Schedule Build options, and all MCP Booking and Reporting options.



National Enrollment Data base (NED)/PCMBN

TSGT Louise Ratleff

The initial NED release has been further delayed to Jun 01. Training for the DEERS Online Enrollment Software (DOES) will be conducted at the end of Jan 01 in Falls Church, VA following the TRICARE conference in DC. This training will affect MCSCs, Administrative Enrollment Support Contractors and OCONUS Lead Agent representatives. Additionally, the NED system wide test is scheduled to take place in early Feb 01.

TRICARE Pacific Database Provides Assistance for Information Seekers

Bob Barnes

For those working in the managed care arena, TRICARE Pacific Lead Agent offers a database, which provides a wealth of information. It contains a roster of all TRICARE Prime enrolled beneficiaries as reported by both DEERS and CHCS. It also contains a list of enrollment records where there are information discrepancies between the two systems.

New enrollment data is loaded monthly and the eligible beneficiary population, upon each MCFAS update. Besides reviewing these discrepancies, the user may query for detailed or summary MCFAS population and Prime enrollment information by DMIS location, sponsor service branch, beneficiary sex, age, category and enrolled to PCM. The database also contains a list of worldwide DMIS codes. Users may generate reports in text format or Excel spreadsheet, as is their choice. TPLA will also build in new features and reports upon request.

It is designed for easy use, regardless of computer experience. If you are interested in getting more details about this database, please contact Bob Barnes, Health Systems Specialist, TRICARE Pacific Lead Agency (TPLA), (808) 433-3672 or (DSN) 433-3672 or robert.barnes@haw.tamc.amedd.army.mil

CLINICAL OPERATIONS

DENTAL

DENTAL PROGRAMS ENHANCED

LTC David Reid

Dental insurance programs have been enhanced for the Active Duty, Selected Reserve, Individual Ready Reserve and Retired Military Communities.

United Concordia Insurance, Inc. has announced significant improvements in the benefits available under the new contract. In February of 2001, the TRICARE Family Member Dental Plan will become the TRICARE Dental Program. The change of name signifies lower monthly premiums and many increased benefits. The voluntary TRICARE Dental Plan will also be extended to include members of both the Selected Reserve and Individual Ready Reserve as well as their family members.

For those who are already enrolled in the program, transfer to the new coverage is automatic. They will find that in addition to a smaller deduction on their Leave and Earning Statement there are decreased enrollment periods, higher allowances, and added procedures. In addition to the increased maximum allowances for everyone, active duty in the grades of E1 to E4 will benefit from decreased cost shares for their family members for some procedures. For those who are not already enrolled, enrollment will switch from personnel centers to the insurance company. While DEERS will be the sole source for verifying eligibility, remember that enrollment of children under four must be requested.

Welcome news to many who wish to improve their smiles is the news on orthodontics. As of February, not only children but spouses will be eligible for orthodontic care up to the age of 23. Even better news is that the orthodontic lifetime maximum has been increased from $1200 to $1500.

The new benefits booklets are scheduled to be mailed in November to those presently enrolled. Everyone is encouraged to read their booklet to learn more on how to use the program to their best benefit. For additional information or to locate a participating dentist in your area please visit the website at: www.UCCI.com

Retirees have already seen an improvement to the retiree dental plan which became available in October. In addition to the basic program, Delta Dental Plan of California offers expanded dental insurance to retirees and their eligible family members. The new program has added coverage for such treatments as crowns, bridges, dentures, orthodontics as well as others. To upgrade or enroll visit the website at: www.ddpdelta.org or call toll free 1-888-838-8737

HEALTH PROMOTIONS

Lt Col Mike Snedecor, M.D. the new Chief for Population Health at the TRICARE Pacific Lead Agency, has arrived and is directing the Agency's actions for the Health Care Information Line and the Health Enrollment/Evaluation Assessment Review. He has quickly become the focal point in addressing concerns and ensuring that health information is available when needed. Efforts are underway to improve the process of making the patients' health concerns available to the primary care mangers.

The HCIL reports will now be available much more quickly. In the past, the HCIL reports have been sent in hard copy from Access Health to the Lead Agency and then out to the various Points of Contact within and around the Pacific. The September report marked the end of slow reporting with October's reports now available on line. The report contains a multitude of information to help health management leaders in determining the needs of your communities.

The Health Enrollment/Evaluation Assessment Review continues to evolve with work being done to make the process and information available by web, stand-alone and integration into CHCS II. This will enhance our beneficiaries' ability to assess their health risk factors and our health care providers' ability to meet identified needs.

AROUND THE REGION

HEROES OF TRICARE

Christiane Fetz, WESTPAC Service Center Manager

She "Lives and Breathes TRICARE"

A special congratulations to Ms. Chris Fetz for her selection as TMA's "TRICARE hero" for August 2000. Ms. Fetz works as the manager for the TRICARE Pacific Lead Agency's WESTPAC Service Center. Her office supports 180,000 TRICARE beneficiaries in the Western Pacific. Hers is a unique situation because, unlike managers in other TRICARE lead agent offices, she has no managed care support contractor to rely upon She is the voice behind the toll-free TRICARE telephone number for the Western Pacific, as well as the person who enrolls new arrivals to TRICARE, ensures their access to health care, and handles their claims questions. She admits she "lives and breathes TRICARE," but she is quick to credit a "great team and wonderful work environment" for making her TRICARE work a "pleasure."

Former TRICARE Pacific Medical Director Elected to Board of Directors of National Health Council

CAPT Warren A. Jones, M.D., president-elect of the American Academy of Family Physicians, was elected to the Board of Directors of the National Health Council . The National Health Council is a national organization with 120 member organizations and is committed to promoting the health of all people by advancing the voluntary health movement. CAPT Jones, a family physician is stationed in the Washington, D.C. area, where he is Medical Director of the TRICARE Management Activity. This organization coordinates the health care of 8.6 million Department of Defense health beneficiaries and is headquartered in Falls Church, Virginia.

The National Health Council, founded in 1920, includes voluntary health agencies, professional associations, other nonprofit organizations with an interest in health, managed care companies and their umbrella organization, and pharmaceutical and biotechnology companies. The goals of the Council are to promote quality health care for all people; to promote the importance of medical research; and to promote the role of voluntary health agencies.

Most recently, CAPT Jones was assigned to the TRICARE Pacific Lead Agency located in Honolulu, Hawaii, where he served as Director of Medical and Clinical Services for the Pacific Region. He was responsible for the coordination of access to health care for Department of Defense personnel in Alaska, Hawaii, the Pacific Rim, and from Asia to the western coast of Madagascar.

CAPT Jones served as special assistant to the U.S. Surgeon General for Physical Qualifications and Review, and as Director of Undergraduate Medical Education and Director of Residency Training in the Department of Family Practice at the Naval Hospital in Pensacola, Florida. He also was Chair of the Department of Family Practice at the Naval Hospital in Charleston, South Carolina. Since 1985, CAPT Jones has been an Advanced Cardiac Life Support Certified Instructor, teaching several courses a year.

CAPT Jones has received numerous military honors including the Navy Meritorious Service Award and the Navy Commendation Medal for superior performance as director of residency training at the Naval Hospital in Pensacola from 1985-1990. The Society of Teachers of Family Medicine honored him as Outstanding Resident Teacher in 1985. CAPT Jones has also received numerous awards for his community service.

AROUND THE REGION

ALASKA

3rd Medical Group Welcomes New Command and Staff

On 15 June 2000, Col David D. Gilbreath, MSC, took Command of the 3rd Medical Group, Elmendorf Air Force Base Alaska. COL Gilbreath's last assisgnment was as the Commander, 18th Medical Group, Kadena AB, Okinawa, Japan.

His awards include the Defense Meritorious Service Medal, Meritorious Service Medal with six oak leaf clusters, Air Force Commendation Medal with two oak leaf clusters, Department of Defense Achievement Medal, and the Air Force Achievement Medal.

Colonel Gilbreath was commissioned in the Medical Services Corps in April 1977. He is a Fellow in the American College of Healthcare Executives and has worked all the functional areas of Air Force healthcare administration. He has held staff positions at Air Staff and OSD level.

The 3rd MDG also welcomes a new executive staff. Col Stanley H. Stancil, Deputy Commander, Lt Col Malcolm M. Dejnozka, Chief of Medical Staff and Maj Kent R. Helwig, Hospital Administrator. The TRICARE flight has a new Flight Commander, Capt Rashon Gilbert-Steele.

ONLINE BABIES A "HIT" AT BASSETT ARMY COMMUNITY HOSPITAL

Danny S. Turner

Bassett TRICARE Marketing
Fort Wainwright Alaska

No longer do grandparents and loved ones need to hang out by the mailbox for those pictures of the newborn thanks to Bassett Army Community Hospital's Babies-on-Line service.

Started in June of 1998, the site has had more than 7600 hits said Sgt. 1st Class Sara Ramos, NCOIC of the Maternal Child Nursing Section. More than 1500 babies have been on the site since its "conception".

The service was started because of the distance from the Lower 49. The time it took for mail to arrive from Alaska was too long for most people.

In addition to the photo, a description of the child's weight, height, and relevant information is provided along with a brief message from the parents. To insure confidentiality only first names are used on the site.

The program is free and information about it is provided to new parents to help them better understand the program's benefits. Parents who wish to use the service must sign a release form.

The Babies-on-Line service is updated a minimum of two times a week. They receive about four e-mails a week from all over the world complimenting the site, SFC Ramos said.

For information on Bassett Army Community Hospital and the services they provide, check out their web site at : www.alaska.amedd.army.mil

AROUND THE REGION

HAWAII

15th Medical Group Updates "Sick Call" Process

Lt Col Ruth M. Anderson, Commander, 15 MDOS

On 1 June 2000, the 15th Medical Group will initiate a new "Sick Call" Process. The new "Sick Call" process for Non-Fly and Non-Jump Status patients eliminates the need for most active duty personnel to arrive in person during "Sick Call" hours and then wait for an appointment. The new process features a user-friendly "Call In" system for active duty personnel who feel they need self-care advice or medical care prior to going to work. The process, which began 1 June 2000 works like this:

1. Non-flying/non-jumping status, active duty personnel can call the 15th Medical Group's Central Appointment Line at 448-6000 from 0630-0730 Mondays-Fridays (except Holidays) to speak with a Triage Nurse.

2. The nurse will assess the caller's needs and then schedule an appropriate appointment, recommend Quarters status, or give self-care advice and tell the individual to return to duty. When Quarters is recommended, the nurse will tell the individual to notify his/her supervisor. In-turn, the 15 MDG's Patient Administration personnel will notify the individual's Orderly Room. If the nurse schedules an appointment, the appointment will routinely be prior to 0900 if the need is urgent or if the individual needs to get back to work after the appointment.

3. After 0730, Appointment Advisors will book provider appointments or take telephone consults for the appropriate provider or nurse.

4. Walk-In "Sick Call," only for those on flying or jump status, will continue to be available after 1 June 2000 in Flight Medicine Clinic from 0700-0800 and from 1300-1330. This process remains the same to accommodate the mission-specific needs of many of our flyers/jumpers, the high number of TDY flyers that transit Hawaii, and to ensure compliance with medical standards for fly/jump status personnel.

5. Patients who unknowingly walk-in after 1 June 2000 during the old 0700-0730 "Sick Call" hours will be assessed by a nurse and given appropriate advice or an appointment. The 15th Medical Group realizes that it will take awhile for base personnel to learn the new system.

6. Active duty personnel are encouraged to use this process versus attempting to seek walk-in care at Tripler Army Medical Center or Makalapa Clinic. These two medical treatment facilities are working with the 15th Medical Group to ensure the process works right.

This process is very similar to "Cutting Edge" practices which have resulted in very high customer satisfaction at other medical treatment facilities. The 15th Medical Group is expecting that active duty personnel who formerly used the walk-in "Sick Call" system will enjoy the more efficient, user-friendly process. This process will ensure everyone needing to be seen by a provider will have an appointment and will eliminate the need for patients requiring only bed rest to get dressed, report to the clinic, and subsequently go home to rest. Questions about this new process can be forwarded to ruth.anderson@hickam.af.mil. Answers to all "Access to Medical Care" questions are answered at a "Partners in Care" class held several times per month. Schedule attendance by calling 448-6000.

AROUND THE REGION

WESTERN PACIFIC

REMOTE HEALTH SERVICES CONTRACT ENHANCES ACCESS TO CARE

CDR Ann Bobeck
Director, WESTPAC Operations

For many, when we think of the TRICARE program we consider only those beneficiaries residing near a military treatment facility. However, the Department of Defense has several thousands of beneficiaries spread throughout remote areas of the world. The Pacific region, for example, has over 3000 beneficiaries in remote countries where no MTFs are located. These beneficiaries require a different approach to their healthcare programs. Since uniformed military assets do not support them, many receive much of their care from Embassy medical units. As this care is limited to primary care only, and is not available in many locations, beneficiaries frequently must seek care from host nation providers

Since August 1998, TRICARE Pacific has had a contract with International SOS to deliver the PRIME benefit to our active duty and family members stationed in 20 remote countries. Since 1985, International SOS has excelled in providing worldwide medical and other assistance for corporate customers throughout the world. Clients include more than 2500 of the world's leading multinational companies and a number of Fortune 500 customers. The SOS contract ensures quality and coordinated healthcare is provided to active duty and their eligible family members enrolled in TRICARE Prime while offering all TRICARE services on a "cashless, claimless" basis. All TRICARE Prime beneficiaries have access to quality civilian providers and to a 24-hour alarm center, staffed 365 days a year, to address their healthcare needs. A physician is always on site at the alarm center or immediately available by phone.

Prior to implementation of this contract, active duty in remote countries frequently had to pre-pay for healthcare and navigate a complex system for reimbursement. The contract with SOS has mitigated most of these issues, and is a popular and significant enhancement for the delivery of the TRICARE benefit in remote countries. Our Remote Site program served as a model for TRICARE Latin America who recently followed in our steps and implemented a similar contract for their beneficiaries. This partnership with SOS is continually evolving to address the needs of all TRICARE PRIME beneficiaries and has proven to be precedent setting for the Military Health Care System!

PRIMARY CARE MANAGER BY NAME (PCMBN) USNH OKINAWA

LT Elizabeth N. Colina
TRICARE Division

The TRICARE Service Center on Okinawa, Japan decided to take on the PCMBN initiative one step further than required by sending letters to all beneficiaries notifying them of their individual provider. With over 35,000 TRICARE Prime beneficiaries enrolled between twelve clinics and 90 individual providers, this extra step was no small undertaking. The key was automation! A contractor working for TRICARE, Kim Abercrombie (USNH Lester), developed a procedure to link enrollment information from CHCS, through a database and into a form letter. The final Word document generated was a string of 20,000 individualized letters, grouped by family, containing PCM information for each family member and active duty member. The procedure also yielded corresponding mailing labels. Unfortunately, the final step of filling and mailing the envelopes could not be automated-that took an enormous amount of human effort!

The automated process was so successful that Okinawa was able to develop it further into an improved enrollment confirmation package for all its beneficiaries. Now, the TRICARE office runs a report biweekly to capture everyone who was enrolled or who changed their PCM during the week. An individual enrollment confirmation letter, enrollment card label, and envelope label is then generated for everyone with one simple application.

This new system has significantly improved the old, handwritten, labor-intensive method of confirming enrollments.

AROUND THE REGION

18th MEDICAL COMMAND FACILITATES HIGH QUALITY CARE IN KOREAN HOSPITALS

Major Scott Childers,
Chief, Clinical Administration,
18th MEDCOM

Significant steps toward improving relations with Korean medical facilities happened over the previous year with the signing of Memorandums of Understanding (MOUs) between the Headquarters of 18th Medical Command (MEDCOM), Seoul, Korea, and six host nation medical facilities. The Commander, 18th MEDCOM, and CEOs of the Korean medical facilities signed the MOUs. These MOUs pave the way for MEDCOM personnel to conduct periodic visits to the hospitals to ensure high quality care is provided to patients sent there by 18th MEDCOM, and to family members and civilians who choose to be seen at the host nation facilities on their own initiative.

A key component of the MOU is the requirement for the hospitals to use providers who can communicate to patients in English or use a translator. In the past, the language barrier has been a significant impediment to effective communications.

The MOU is not as comprehensive as many contractual arrangements back in the US. These MOUs were designed to solidify existing relations and move forward in an effort to improve access to high quality care. The hospitals will not be able to file TRICARE or civilian insurance claims for patients. However, they will provide the required information and documentation that will allow patients to file their own claims expeditiously. Active Duty personnel's hospital costs will be settled directly with 18th MEDCOM.

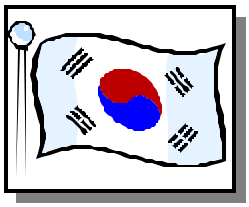
The signing of the MOUs does not establish a TRICARE Extra network in Korea. Beneficiaries who are enrolled in TRICARE Prime are required to see their primary care manager before being seen in a civilian facility, except in emergencies. Beneficiaries who elect not to enroll in TRICARE Prime are automatically covered by TRICARE Standard and, except for OB patients, can be seen at local facilities without referral.

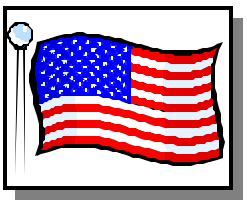
DOD civilian employees and their family members, although not beneficiaries of the military health system, may choose to utilize affiliated hospitals and be comforted by the fact that 18th MEDCOM personnel have evaluated the quality of care and addressed issues like language barriers. Numerous other civilian hospitals throughout Korea are being considered for inclusion in the list of affiliated Korean hospitals. As the list of affiliated hospitals grows, an updated list of facilities will be maintained on the 18th MEDCOM web page located at: http://www.seoul.amedd.army.mil/index.htm.

The first row from right to left: COL Edward Huycke, Commander, 18th MEDCOM; COL James Kirkpatrick, former Commander, 18th MEDCOM; Dr. Kwon Ick Ha, CEO, Samsung Medical Center; and Dr. Jong Chel Lee, Clinical Chief, Samsung Medical Center. The second row contains key staff members involved in the MOU preparation.

Within the web page are fact-sheets about the facilities, to include POCs and phone numbers. Additional links will direct the viewer's browser to strip maps providing directions to the Korean hospitals.

These MOUs are an important first step to improving access to quality civilian healthcare to US personnel in Korea. As the list of affiliated hospitals grows, patients and providers will have more options when selecting the best course of action for their health.





AROUND THE REGION

SUPPORT TO OUR RETIREE COMMUNITY, OKINAWA RETIREE APPRECIATION DAY 07 OCT 00

LT Elizabeth Colina

A few hours of our time made a difference! Yes, on 07 Oct 00, the TRICARE staff participated during the Okinawa Retiree Appreciation Day. The staff had the chance to clarify, answer questions and concerns regarding retiree medical benefits, medical claims, TRICARE eligibility CONUS/OCONUS. JC, The President of the Okinawa Retiree Association stated that some of the retirees often times ask questions about medical benefits. Some were not sure who to ask about medical needs and what applies overseas. To meet this need and better expand our services to the retiree community, the TRICARE staff will begin providing briefs to the Okinawa Retiree Association.

Retirees and representatives from various organization discuss issues during Retiree Appreciation Day

LT Elizabeth Colina and HMC Constancio Alvarez represent the TRICARE Division of USNH Okinawa at Retiree Appreciation Day

TRICARE IN ACTION– USNH GUAM

Input provided by
Ensign Rebecca Pryke
Public Affairs Officer, USNH Guam

TRICARE is alive and active at US Naval Hospital, Guam. Our staff members are constantly looking for new and innovative ways to expand services to enrolled beneficiaries.

Current initiatives include automating the TRICARE enrollment form, increasing website capabilities and integrating Health Promotions/ Wellness into schedules of newly arrived personnel.

The on-line TRICARE enrollment form will allow transferring service member to fill the form out in advance to their arrival and the TRICARE office will have the paperwork here when they arrive on island.

We are in the process of "webification" here at the Naval Hospital and our new site should be readily accessible the beginning of November.

Finally, our TRICARE office, along with the Health Status Improvement (HSI) Department here in Guam, are scheduling appointments for all newly arrival active duty personnel. The members check into the TRICARE Office and receive a Health Enrollment Assessment Review (HEAR) form and schedule an appointment with the Health Status Improvement Department at that time.

The members fill out the HEAR form and take it to the appointment. At this appointment, the HEAR form is discussed with the service member to ensure accuracy and to educate the service members on the opportunities and benefits that are offered within the hospital as well as other facilities - i.e. MWR and the Family Service Center. The appointment system will allow the department to spend more time with the newly arriving member, as well as, scheduling a time convenient for the service member.

INFORMATION MANAGEMENT

Rob Hengel
Director, Information Management

TRICARE Pacific is pleased to announce the latest version of the Pacific Case Management database system. This exciting application leverages Information Technology in a way that allows MTF's to track patients they refer or receive on a real time basis. Demographic, diagnostic, coding, and tracking information are all captured by the system. In addition, the Lead Agency, along with each facility has access to aggregate data analysis generated by the system. In short, we will be able to study the patient movement process like never before and that will directly result in improved quality of care and reduced costs for the government. The TRICARE Pacific website is filled with useful information for both our beneficiaries and business partners. Use the power and convenience of the Internet to answer your most commonly asked questions, such as, "How Do I Access My Health Care?" and "Who Do I Call With Questions About My Benefits?". The website also provides valuable tools and resources for use in the world of TRICARE business. For example, the Marketing section contains a briefing library and a wide variety of education materials. Access our site at : http://tricare-pac.tamc.amedd.army.mil. The TRICARE Pacific Lead Agency is committed to bringing together the diverse regional population of beneficiaries and business partners through the use of web-based technologies. As the CIO of TRICARE Pacific, I see the development of Internet-based initiatives as a critical aspect of our mission to coordinate and manage the TRICARE benefit in the Pacific region. The strategic escalation of our efforts in this arena is a top priority and is under active development.

MARKETING AND EDUCATION

Gertie Francoise
Director, Marketing and Education

The 2000 TRICARE Pacific Marketing Seminar was a rousing success according to evaluation comments by the 45 attendees from Australia to Alaska. The two day seminar followed a three day TRICARE Basic and Advanced Course (TBASCO) led by a trio of outstanding instructors from the TRICARE Management Activity (TMA) in Colorado. LTC Greg Birdsall, CMSgt Debbie Walker and HS1 Doug Elsessor provided nearly 75 attendees with excellent instruction on the TRICARE benefit, focusing on the uniqueness of the Pacific Region's diversity. The TBASCO course was immediately followed by a two day marketing seminar. Healthcare Consultant, Ms. Rhoda Weiss of Rhoda Weiss and Associates (Santa Monica, California) provided outstanding direction on creating a marketing plan and included over 16 pages of low and no budget marketing suggestions and ideas. Marketing attendees created a draft marketing plan and action plans for both internal and external audiences that they can use "back home." Director of Marketing, Gertie Francoise, said, "The success of the seminar was due primarily to the excellent information provided by Ms. Weiss and the active participation of the outstanding attendees."

Upcoming Events

Week of Jan 15th-19th, 2001
Projected time for next Regional Marketing Teleconference

Jan 22- 26, 2001
TRICARE Conference, Washington, D.C.

TRICARE in the News

TRICARE Improvements in the National Defense Authorization Act

J. Jarrett Clinton, MD, MPH
Acting Assistant Secretary

On October 30, President Clinton signed the Floyd A. Spence National Defense Authorization Act for Fiscal Year 2001, Public Law 106-398 (the Act). The legislation included a number of health care provisions that collectively represent the most significant change to military health care benefits since the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) was established by Congress in 1966.

You, your staff, and many of your hospital commanders may have already received inquiries regarding these new benefits. This message is intended to provide all members of the Military Health System initial guidance and background on the wide variety of issues that we are addressing.

The following summary represents the most significant aspects of the new law:

- A pharmacy benefit will be provided to our dual-eligible military retiree/Medicare-eligible personnel effective April 1, 2001. All retirees who became Medicare-eligible prior to April 1, 2001, will receive this benefit. All retirees who become Medicare-eligible on or after April 1, 2001, must be enrolled in Medicare Part B to receive this benefit. This benefit includes national mail order and retail pharmacy services. (Section 711 of the Act.)

- Medicare-eligible beneficiaries become eligible for TRICARE effective October 1, 2001. Medicare will be first payer, and TRICARE will be the second payer. All beneficiaries must be enrolled in Medicare Part B for TRICARE to serve as second payer. (Section 712 of the Act.)

- The health care entitlement for Medicare-eligible beneficiaries will be funded, beginning in fiscal year 2003, through the Department of Defense Medicare-eligible Retiree Health Care Fund established by the Department of Treasury. (Section 713 of the Act.)

- The TRICARE Senior Prime demonstration program is extended through December 31, 2001. (Section 712 of the Act.)

- Active duty family members enrolled in TRICARE Prime will no longer have co-payments for civilian health care services under TRICARE Prime (except prescription drugs), effective within 180 days of the enactment of the law, April 28, 2001. (Section 752 of the Act.)

- The TRICARE Prime Remote (TPR) program will be expanded to active duty family members throughout the continental United States by October 1, 2001. In the interim, the Department will implement a program to waive co-payments and deductibles of TPR active duty family members. (Section 722 of the Act.)

- An Individual Case Management Program for Persons with Extraordinary Conditions (ICMP-PEC) was funded with a cap of $100 million. In appropriate cases, the program allows waiver of TRICARE limitations on health care coverage, including coverage of custodial care services for persons with exceptional conditions. (Section 701 of the Act.)

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TRICARE in the News (Continued from Page 12)

- The chiropractic health care demonstration became a permanent benefit for active duty personnel at designated MTFs worldwide. A five-year phased-in implementation will begin in 2001. (Section 702 of the Act.)

I have established working groups to design and implement these new benefits. Several contracting decisions and actions need to occur in order to implement all of these vital initiatives. While the details are being developed at this time, my focus is to deliver these benefits within the timelines set by Congress. Thus, my priorities are to implement:

The pharmacy benefit by April 1, 2001.

The waiver of active duty family member co-payments by April 28, 2001.

TRICARE as second payer to Medicare by October 1, 2001.

TRICARE Prime Remote for active duty family members by October 1, 2001, with interim waiver of co-payments and deductibles for the family members as soon as administrative procedures have been established to identify the appropriate family members.

In the meantime, there are key messages that you can help share with our beneficiaries:

- Our Medicare beneficiaries should strongly consider enrollment in Medicare Part B, if they have not already enrolled. Beneficiaries who have not enrolled may be required to pay a surcharge (adjusted for age) to join Part B. Beneficiaries with questions regarding Medicare and Part B can visit any Social Security Administration (SSA) office, call the Social Security Administration (SSA) toll-free number, 1-800-772-1213, or call the toll-free Medicare number, 1-800-633-4227. They also can find information on the Medicare Web site at http://www.medicare.gov.

- Because of the delayed effective dates, any decision to drop a Medicare supplemental insurance policy (known as Medigap) based on the new law is premature. We are working with the Health Care Financing Administration (HCFA), and The Military Coalition (TMC) and the National Military & Veterans Alliance (NMVA) to provide the most accurate information on what should be considered before any supplemental policy is dropped.

  Please keep in mind that we are still in the earliest stages of a dynamic and fluid process of determining the best strategies to make all these changes occur on time. Priorities, resources, and timelines may change as we progress toward our goals to implement the programs outlined in the new legislation. This Memorandum is intended as initial guidance, and I trust that you will frame your discussions as such.

  The TRICARE Management Activity (TMA) staff has prepared an excellent general brief on the major health care provisions of the Act. You and your hospital commanders may use it to brief staff, beneficiary audiences, or line leadership. It is available on the Military Health System (MHS)/TRICARE Web site at http://www.tricare.osd.mil/ndaa. This briefing provides an overview of the major changes in the law. Lead Agents, MTFs and other echelons may tailor this briefing to their audiences by adding local information, phone contacts and other geographic-specific information.

  Thank you for bearing the responsibility for the "front-line" communications. Clearly, our beneficiaries are excited about these benefits, and will be interested in more information than what is currently available. I will provide you additional information as it becomes available.

Original Signed
J. Jarrett Clinton, MD, MPH
Acting Assistant Secretary

Keep DEERS Information Updated

The Defense Enrollment Eligibility System (DEERS) is a world-wide database of active duty family members, retirees and their family members, and others who are eligible for TRICARE benefits. Although active duty service members and military retirees are automatically registered in DEERS, active duty family members (ADFM) and eligible survivors must physically register.

Because DEERS information is not automatically updated, **our beneficiaries must update their files when the move**. When DEERS files are outdated, problems arise. This is especially true of incorrect home addresses. Information listed in DEERS is frequently used to send out information about health benefits. About half of the addresses for AFDMs are estimated to be incorrect because DEERS was not updated when the families moved. Problems also arise when DEERS is not notified of a change in the family status, such as marriage, divorce, birth or adoption. **TRICARE benefits may be denied because DEERS has not been updated to reflect a new spouse or child.** A claim may also be paid by mistake because DEERS has no record of divorce or death. With an incorrectly paid claim, the government is required by law to request reimbursement, regardless of who is at fault.

DEERS information can be updated by:

- Going to the nearest military personnel office

- E-mailing changes to addrinfo@osd.pentagon.mil

- Faxing changes to (831) 655-8317

- Mailing changes to: DEERS Support Office
  ATTN: COA
  400 Gigling Road
  Seaside, CA 93955-6771

DEERS address changes may also be made on-line at https://www.tricare.osd.mil/DEERSAddress/

For more information, call the DEERS Support Office at its toll-free numbers:

1-800-538-9552

1-800-527-5602 (Alaska and Hawaii)

DEERS Support Office hours of operation are 0600-1530, Pacific Time, Monday thru Friday.

Sources: TRICARE Prime flyer and TRICARE web page at http://www.tricare.osd.mil

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http://tricare-pac.tamc.amedd.army.mil

TRICARE Introduces Debt Collection Assistance Officer (DCAO) /Beneficiary Counseling and Assistance Coordinator Programs

Beginning July 26, 2000, the position of Debt Collection Assistance Officer (DCAO) was established at all Lead Agent offices and military treatment facilities, worldwide, to help you understand and get assistance with debt collection problems. If you receive a notice from a collection agency or a negative credit report because of a medical or dental bill, you should call or visit the nearest DCAO. Click here to find the DCAO nearest you.

You must bring or submit documentation associated with a collection action or adverse credit rating to the DCAO The more information you can provide, the faster it will be to determine the cause of the problem. The DCAO will research your claim with the appropriate claims processor or other agency points of contact and provide you with a written resolution to your collection problem. The collection agency will be notified by the DCAO that action is being taken to resolve the issue.

The DCAO cannot provide legal advice or fix credit rating, but can help you through the debt collection process by providing you with documentation for your use with the collection or credit reporting agency in explaining the circumstances relating to the debt.

Other resources are in place at Lead Agent offices and military treatment facilities to help beneficiaries who are having problems with TRICARE claims, but have not been sent to collection agencies or who have questions about the TRICARE program. These resources include Beneficiary Counseling and Assistance Coordinators (BCACs), formerly known as Health Benefits Advisors, who can assist you with your concerns. Click here to find the BCAC nearest you.